

FILED JAN 17 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 42799Registration District No. 396Primary Registration District No. 5552

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Lovasy  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
XX her home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 48 yrs  
 years, months or days

8. (a) PRINT FULL NAME Cecolia L. Friedrich8. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow6. (b) Name of husband or wife Gittlieb Friedrich died 6. (c) Age of husband or wife if alive May 31 19407. Birth date of deceased Oct 17 1871  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
69 1 1 hr. min.9. Birthplace Franklin Co. Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business X12. Name John Fritz Siefker13. Birthplace St Charles Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Florentine Dieckman15. Birthplace St Charles Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. John Stock(b) Address Lovasy Missouri17. (a) burial (b) Date thereof Nov. 20/40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lovasy Com.18. (a) Signature of funeral director J. M. Reppert(b) Address Buckner Missouri19. (a) Nov 20 1940 (b) John W. Robertson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Lovasy  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. none used  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? no years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 18 day 18  
year 1940 hour 7:00 P.M. minute \_\_\_\_\_ M.21. I hereby certify that I attended the deceased from Nov 18  
1940 to Nov 18 1940.that I last saw her alive on Nov 18 1940  
and that death occurred on the date and hour stated above.Immediate cause of death MyocardialRegurgitation

Due to \_\_\_\_\_

Due to 92WOther conditions 92W  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_23. Signature John W. Robertson (M. D. or other) \_\_\_\_\_Address Buckner Mo Date signed Nov 20 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17-39  
X21492

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision, XXXXXX, Registered Apprentice No. XXXXXX.

Signed *V. M. Reppert*

Licensed Embalmer No. 2321

P. O. Address Bucknor

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**